



UTAH HOUSE OF REPRESENTATIVES

2013 CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

1. **Name:** Edward H. Redd

2. **Employment**

Primary employer	Brief description of employment	Occupation or job title
Self Employed - Independent Contractor	Public Health, Mental Health, Primary Care, Internal Medicine	Physician

3. **Entities which you own or of which you are an officer**

[see 2010 Gen. Session, HB 270, pg 13 - (iv)]

Name of entity	Type of activity conducted by the entity	Your position / interest in the entity
Edward H. Redd, MD PLLC	Health Care	100% owner

4. **Each entity that has paid \$5,000 in income to you within the one-year period prior to the date of this form. [see 2010 Gen. Session, HB 270, pg 13. - (v)]**

Name of entity	Type of activity conducted by the entity
Bear River Health Department Bear River Mental Health Intermountain Health Care Access Home Care and Hospice Cache County Sheriff's Office / Jail Community Health Centers, Inc.	Health Care

5. **Each entity in which you hold any stocks or bonds having a fair market value of \$5,000 or more as of the date of this form (does not include funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds). [see 2010 Gen. Session, HB 270, pg 13 - (vi)]**

Name of entity	Type of activity conducted by the entity
None	

6. Organization or entity, other than listed above, for which you serve on the board of directors or in any other formal advisory capacity. [see 2010 Gen. Session, HB 270, pg 13 - (vii)]

Name of entity	Type of activity conducted by the entity	Your position / interest in the entity
Logan Fire and EMS and Cache County EMS	Emergency Medical Services	Off-line medical control officer
Cache Valley Community Helath Clinic	Free Health care for medically indigent patients	Chairman - Advisory Board

7. Real property in which you hold an ownership or other financial interest that you believe may constitute a conflict of interest. (optional) [see 2010 Gen. Session, HB 270, pg 13 - (viii)]

Description of real property	Description of interest held
None	

8. Name of spouse and any other adult residing in your household that is not related by blood or marriage. [see 2010 Gen. Session, HB 270, pg 13 - (ix)]

Susan Jackson Redd - spouse
Hser Doh

9. Information for your spouse and any other adult residing in your household that is not related to you by blood or marriage, as applicable. [see 2010 Gen. Session, HB 270, pg 14 - (x)]

Name	Brief description of employment	Occupation
Susan Jackson Redd	Human Resource Specialist	Logan City School District
Hser Doh	Logan Regional Hospital Bear River Health Department	Student, translator

10. Any other matter or interest you believe may constitute a conflict of interest. (optional)

None

I certify that I believe the information provided in this form is true and accurate to the best of my knowledge.

s/Edward H. Redd
(Signature)

11/12/12
(Date)

Received by the Chief Clerk of the House:

s/Sandy D. Tenney
(Signature)

11/14/12
(Date)